
State: Illinois **Filing Company:** The Dentists Insurance Company
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2030 Dentist
Product Name: Professional Liability
Project Name/Number: Special Event Endorsement & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL

Filing at a Glance

Company: The Dentists Insurance Company
Product Name: Professional Liability
State: Illinois
TOI: 11.2 Med Mal-Claims Made Only
Sub-TOI: 11.2030 Dentist
Filing Type: Rule
Date Submitted: 09/11/2012
SERFF Tr Num: DENT-128679211
SERFF Status: Closed-Filed
State Tr Num: DENT-128679211
State Status:
Co Tr Num: PLF010113IL

Effective Date: 01/01/2013
Requested (New):
Effective Date: 01/01/2013
Requested (Renewal):
Author(s): Dora Earls, Megan George
Reviewer(s): Gayle Neuman (primary), Neetha Mamoottile, Caryn Carmean
Disposition Date: 10/22/2012
Disposition Status: Filed
Effective Date (New):
Effective Date (Renewal):

State Filing Description:

State:	Illinois	Filing Company:	The Dentists Insurance Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2030 Dentist		
Product Name:	Professional Liability		
Project Name/Number:	Special Event Endorsment & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL		

General Information

Project Name: Special Event Endorsment & Botulinum & Dermal Filler Injections Endorsement	Status of Filing in Domicile: Pending
Project Number: PLF010113IL	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/22/2012	
State Status Changed:	Deemer Date:
Created By: Dora Earls	Submitted By: Dora Earls
Corresponding Filing Tracking Number:	

Filing Description:

The Dentists Insurance Company (TDIC) requests approval of two new endorsements. The first new endorsement is the Special Event Endorsement, which is an optional endorsement that can be added to our Professional & Business Liability policy. The Special Event Endorsement will provide policyholder/dentists with coverage for dental practice-related events (such as patient appreciation days) at no charge for events held at the insured premises, and a \$100 charge for approved events off the insured premises. TDIC would like to make this endorsement available to its policyholders effective January 1, 2013. The endorsement will have a minimal rate impact, if any.

We are also requesting approval of a new Botulinum and Derma Filler Injections Endorsement to our Professional Liability policy. TDIC will attach this endorsement automatically to all Professional Liability policies at no charge. The purpose of this endorsement is to confirm and clarify coverage for procedures recognized by the Dental Board as within the scope of dentistry. TDIC will include this endorsement with the January 1, 2013 common renewal. The endorsement will have no rate impact.

In addition to the above form/rule filing, we have also taken this opportunity to update our Rules Manuals for consistency and clarity in all states where we conduct business. As such, TDIC has revised its Illinois Rule Manual to achieve the following; clarify that the extended reporting endorsement is waived for volunteer dentists; update locum tenens to show a two week minimum; revise its declination section which limits reasons to most recent five years; and revise the new dentist program wording to be consistent with how it is administered in the other states in which TDIC conducts business. Coverage is limited under this program to \$1M/\$3M limits and the first year policy is issued on an annual policy without a common renewal date. We have also updated the manual to reflect the territories as A & B (was 1 & 2) to match system coding.

Company and Contact

Filing Contact Information

Dora Earls, Director of Underwriting	dora.earls@cda.org
1201 K St 17th Fl	916-554-5375 [Phone]
Sacramento, CA 95814	916-554-5957 [FAX]

Filing Company Information

The Dentists Insurance Company	CoCode: 40975	State of Domicile: California
1201 K St. 17th Floor	Group Code:	Company Type: Stock
Sacramento, CA 95814	Group Name:	Company
(800) 733-0634 ext. [Phone]	FEIN Number: 94-2698799	State ID Number:

State: Illinois **Filing Company:** The Dentists Insurance Company
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2030 Dentist
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Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: Yes

Company	Amount	Date Processed	Transaction #
The Dentists Insurance Company	\$0.00	09/11/2012	

State Specific

Refer to our checklists prior to submitting filing (http://www.idfpr.com/DOI/Prop_Cas_IS3_Checklists/IS3_Checklists.htm): 11.0030

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: n/a

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp .: noted

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: noted

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": noted

When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: n/a

State:	Illinois	Filing Company:	The Dentists Insurance Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2030 Dentist		
Product Name:	Professional Liability		
Project Name/Number:	Special Event Endorsement & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	10/22/2012	10/22/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Gayle Neuman	10/03/2012	10/03/2012
Pending Industry Response	Gayle Neuman	09/28/2012	09/28/2012
Pending Industry Response	Gayle Neuman	09/21/2012	09/21/2012
Pending Industry Response	Gayle Neuman	09/14/2012	09/14/2012
Pending Industry Response	Gayle Neuman	09/12/2012	09/12/2012

Response Letters

Responded By	Created On	Date Submitted
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Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
previous SERFF filing #DENT-126342669	Reviewer Note	Gayle Neuman	09/28/2012	
company rate info	Reviewer Note	Gayle Neuman	09/14/2012	

SERFF Tracking #:	DENT-128679211	State Tracking #:	DENT-128679211	Company Tracking #:	PLF010113IL
State:	Illinois	Filing Company:	The Dentists Insurance Company		
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2030 Dentist				
Product Name:	Professional Liability				
Project Name/Number:	Special Event Endorsment & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL				

Disposition

Disposition Date: 10/22/2012
Effective Date (New): 01/01/2013
Effective Date (Renewal): 01/01/2013
Status: Filed
Comment:

Rate data does NOT apply to filing.

State: Illinois **Filing Company:** The Dentists Insurance Company
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2030 Dentist
Product Name: Professional Liability
Project Name/Number: Special Event Endorsement & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	10/03/2012
Submitted Date	10/03/2012
Respond By Date	10/10/2012

Dear Dora Earls,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

If TDIC chooses to keep "health problems" as a reason for nonrenewal, you will need to clarify the reason. Is any health problem considered...even diabetes? You will also need to provide the following: 1) a standard set forth with regard to what is considered an intoxicant; 2) a standard set forth as to what levels of consumption defines intoxication; 3) a standard of proof set forth; and 4) language that distinguishes the intent or motivation.

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

State: Illinois **Filing Company:** The Dentists Insurance Company
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2030 Dentist
Product Name: Professional Liability
Project Name/Number: Special Event Endorsment & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	10/03/2012
Submitted Date	10/03/2012

Dear Gayle Neuman,

Introduction:

Response 1

Comments:

We have updated our rule manual to reflect the non-renewal reason to show health problems limited to alcoholism, drug addiction or mental illness.

1. Intoxicant means any form of alcohol, drug or combination thereof.
2. Standard means any contributing factor in a malpractice claim .
3. Proof means as documented in the claims discovery process.
4. TDICs intent or motivation would be to financially protect our book of business.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Sincerely,

Dora Earls

State: Illinois **Filing Company:** The Dentists Insurance Company
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2030 Dentist
Product Name: Professional Liability
Project Name/Number: Special Event Endorsement & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/28/2012
Submitted Date	09/28/2012
Respond By Date	10/05/2012

Dear Dora Earls,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

It appears there were additional changes not disclosed that were made since the 2010 filing that is now attached to this filing.

You are not required to list reasons for non-renewal in the rate/rule manual. However, it indicates TDIC would nonrenew for health problems. Intoxicant exclusions for coverage forms are prohibited unless they include the following: 1) a standard set forth with regard to what is considered an intoxicant; 2) a standard set forth as to what levels of consumption defines intoxication; 3) a standard of proof set forth; and 4) language that distinguishes the intent or motivation. I feel this standard should also apply if an insured would be nonrenewed based on such allegations.

Pursuant to 215 ILCS 5/143.16a., this policy can only be cancelled for one of the following reasons:(a) Nonpayment of premium;(b) The policy was obtained through a material misrepresentation;(c) Any insured violated any of the terms and conditions of the policy; (d) The risk originally accepted has measurably increased; (e) Certification to the Director of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or (f) A determination by the Director that the continuation of the policy could place the insurer in violation of the insurance laws of this State.

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

State: Illinois **Filing Company:** The Dentists Insurance Company
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2030 Dentist
Product Name: Professional Liability
Project Name/Number: Special Event Endorsement & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/28/2012
Submitted Date	09/28/2012

Dear Gayle Neuman,

Introduction:

Response 1

Comments:

TDIC does have a filed reason for non-renewal due to Health problems such as alcoholism, drug addiction or mental illness. As a rule, health problems that could compromise the dentists ability to practice dentistry safely could cause a policy to be reviewed for possible non-renewal. TDIC Generally finds out about alcoholism or drug addiction through dental board actions. The doctors failure to adhere to a diversion program could lead to non-renewal.

I have attached a revised redline and clean copy of the manual removing fraudulent claims as a reason for midterm cancellation.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please advise if additional clarification is required.

Sincerely,

Dora Earls

State: Illinois **Filing Company:** The Dentists Insurance Company
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2030 Dentist
Product Name: Professional Liability
Project Name/Number: Special Event Endorsement & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/21/2012
Submitted Date	09/21/2012
Respond By Date	09/28/2012

Dear Dora Earls,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

I don't know what your reference is to the two filings submitted on January 21, 2010 is.

I additionally need an officer of the company to complete the certification form.

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

State: Illinois **Filing Company:** The Dentists Insurance Company
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2030 Dentist
Product Name: Professional Liability
Project Name/Number: Special Event Endorsment & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/24/2012
Submitted Date	09/25/2012

Dear Gayle Neuman,

Introduction:

Response 1

Comments:

Attached is the completed Illinois Certification form. As per our conversation, the previous file # was DENT 126342669. Please let me know how I should proceed.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please contact me if additional information is still needed.

Sincerely,

Dora Earls

State: Illinois **Filing Company:** The Dentists Insurance Company
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2030 Dentist
Product Name: Professional Liability
Project Name/Number: Special Event Endorsment & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/14/2012
Submitted Date	09/14/2012
Respond By Date	09/21/2012

Dear Dora Earls,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

The certification is required regardless if it is a rate or rule filing.

I have no record of the filing you have referenced. If it was submitted via SERFF, please provide the SERFF filing number. If it was submitted via paper, please submit a copy of the cover page that would have been stamped as "FILED".

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

State: Illinois **Filing Company:** The Dentists Insurance Company
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2030 Dentist
Product Name: Professional Liability
Project Name/Number: Special Event Endorsement & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/14/2012
Submitted Date	09/20/2012

Dear Gayle Neuman,

Introduction:

We submitted two filings on the same day. Both included the revised manual.

Response 1

Comments:

The SERFF State tracking numbers are DENT-126342667 and DENT-126342669

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Please let me know if you need additional information.

Sincerely,

Dora Earls

State: Illinois **Filing Company:** The Dentists Insurance Company
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2030 Dentist
Product Name: Professional Liability
Project Name/Number: Special Event Endorsement & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	09/12/2012
Submitted Date	09/12/2012
Respond By Date	09/21/2012

Dear Dora Earls,

Introduction:

This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:

- 1. You are required to complete the "Company Rate Information" on the Rate/Rule Schedule tab. This is part of SERFF and the Statute says companies will use SERFF.*
- 2. Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?*
- 3. 215 ILCS 5/155.18 states it shall be certified in this filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience. This information is required in every rate/rule filing for medical malpractice.*
- 4. Please provide the company filing number for the 2010 edition of the manual being replaced.*
- 5. Where is the territory factor provided?*

Conclusion:

Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>

Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:

http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp

Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.

Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.

Sincerely,

Gayle Neuman

State: Illinois **Filing Company:** The Dentists Insurance Company
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2030 Dentist
Product Name: Professional Liability
Project Name/Number: Special Event Endorsement & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	09/13/2012
Submitted Date	09/13/2012

Dear Gayle Neuman,

Introduction:

Thank you for your prompt response to TDIC's filing.

Response 1

Comments:

1 TDIC does not have rate information to submit for this filing. The only charge proposed would occur in situations where a dentist purchases the special event endorsement for events (such as patient appreciation events) taking place away from the dental premise. This is an optional endorsement with a \$100 charge. The endorsement is free if the event takes place at the dental practice location.

TDIC has experienced a trend in California, which indicates a need for this endorsement in the future. TDIC currently has 737 Professional & Business Liability policies in the state of Illinois. TDIC has not received any inquiries for this coverage in Illinois, but has in California. TDIC anticipates 10% of our book may want or need this endorsement and of those, less than half would be chargeable. This endorsement extends the coverage that is provided under the business liability portion of the coverage form and allows an additional insured to be named specific to an event.

Filing Method: Use and File

Rate Change Type: None

Overall Percentage of Last Rate Revision: 0 %

Effective Date of Last Rate Revision: 01/21/2010

Filing Method of Last Filing: Use and File

Company Rate Information

Company Name: Overall % Indicated Change: Overall % Rate Impact: Written Premium Change for this Program: # of Policy Holders Affected for this Program: Written Premium for this Program: Maximum % Change (where required): Minimum % Change (where required):

The Dentists Insurance Company 0 % 0 % \$0 737 \$892,028.00 0 % 0 %

2 Yes, TDIC has a method for reporting statistical information, which is handled in-house by our finance department.

3 TDIC is not making any changes to its medical malpractice rates. The only possible charge could be if a doctor wants to purchase the special event endorsement, which is applicable to the business liability portion of the policy. This endorsement does not have any impact on the Professional Liability (Medical Malpractice) coverage line.

4 PL010110IL

5 TDIC has not made changes to the territorial factors, only to the naming convention for system programming purposes.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

State: *Illinois* **Filing Company:** *The Dentists Insurance Company*
TOI/Sub-TOI: *11.2 Med Mal-Claims Made Only/11.2030 Dentist*
Product Name: *Professional Liability*
Project Name/Number: *Special Event Endorsement & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL*

If you have any questions or concerns, please feel free to contact me at (916) 554-5375 or at dora.earls@cda.org. Thank you in advance for your assistance.

Sincerely,

Dora L Earls. RPLU, ARM, CIC, AIS
Director of Underwriting

Sincerely,
Dora Earls

State: Illinois **Filing Company:** The Dentists Insurance Company
TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2030 Dentist
Product Name: Professional Liability
Project Name/Number: Special Event Endorsement & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL

Reviewer Note

Created By:

Gayle Neuman on 09/28/2012 08:36 AM

Last Edited By:

Gayle Neuman

Submitted On:

10/22/2012 11:28 AM

Subject:

previous SERFF filing #DENT-126342669

Comments:

On January 21, 2010, TDIC submitted a form filing that was filed as of 1/21/10. However, Dora informed me that the form filing also included rate/rule manual changes. We do not allow a company to make changes to both forms and rates/rules in one filing. I am attaching the information found under the Rate/Rule Schedule tab to this filing - we will handle both filings under this SERFF filing #DENT-128679211.

**TDIC
RULES, RATES AND FORMS MANUAL
FOR ILLINOIS**

TABLE OF CONTENTS

PROFESSIONAL AND BUSINESS LIABILITY	1	
ILLINOIS.....	7	Deleted: 6
REAL AND BUISNESS PERSONAL PROPERTY	8	Deleted: 7
ILLINOIS.....	12	Deleted: 1

PROFESSIONAL AND PREMISES LIABILITY

RULES

ELIGIBILITY

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage is available to applicants previously practicing in other states.

TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicant must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness, must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declarations Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

PAYMENT OF PREMIUM

Policies can be paid annually, semi-annually and monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

TDIC Rules, Rates and Forms Manual for Illinois

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

TERRITORIAL GUIDELINES

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

LIMITS OF LIABILITY

Policy limits are based on a per claim/aggregate basis.

Limits available are:

\$500,000 per claim/\$1,500,000 aggregate
\$1,000,000 per claim/\$3,000,000 aggregate
\$1,500,000 per claim/\$4,500,000 aggregate
\$3,000,000 per claim/\$3,000,000 aggregate
\$5,000,000 per claim/\$5,000,000 aggregate

Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. The aggregate limit applies to both the Professional Liability and Business Liability.

TDIC Rules, Rates and Forms Manual for Illinois

VOLUNTEER DENTIST

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. TDIC retired policyholders must have an ongoing extended reporting endorsement or be paying their installment premiums. If insured by another carrier a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/\$3,000,000.

Volunteer Dentist Premium is calculated at 10% of their Class, subject to a \$100 minimum premium.

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WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

Newly Licensed Never Practiced Application for Claims Made Coverage for Professional and Business Liability (TDIC 1001-0110 AS) is an abbreviated application for "New Dentist" which is defined as a newly licensed dentist who has never practiced in the United States or its territories.

The New Dentist Premium Endorsement (TDIC 2506-0110 AS) will be attached to all Illinois policies advising the policyholder that these policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time. Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for thirty (30) consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) will be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours will be given a 40% discount.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

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TDIC Rules, Rates and Forms Manual for Illinois

A package discount is given to policyholders that purchase building or business personal property insurance in addition to their professional liability. See state specific rules.

OPTIONAL COVERAGES

LOCUM TENENS ENDORSEMENT

This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured's place. The insured is restricted to two (2) endorsements per policy year, subject to a 90 calendar day maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

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EMPLOYMENT PRACTICES LIABILITY COVERAGE

Optional coverage. Limits offered:

\$50,000
\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC's EPLI losses will be reviewed prior to renewing, if there are losses the policy will be affected as follows:

If there has been one claim the premium charge will go to the next level, if there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered "Yes" form# TDIC2026-0108AS will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured's request, at a premium charge of 10% of the professional liability premium.

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BUSINESS LIABILITY COVERAGE ENDORSEMENT FOR PREMISES OWNED BY INDIVIDUALS NOT THE NAMED INSURED

TDIC 01090110YS will be attached with no additional premium to expand the definition of "who is insured" for non-dental entities. Due to the increased incidence of non-dental expenses and heightened awareness of the need to be insured for the incidental exposures, the endorsement is added for those eligible accounts.

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if, within the last five years, while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

Prior acts coverage is not available to applicants who are applying uninsured. Applicants who insist they will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction (if in connection with a dental practice);
5. Falsification of the insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems such as alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

See state specific non-renewal guidelines.

EXTENDED REPORTING PERIOD ENDORSEMENT

All policies canceled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, and including the cost. The premium used for this endorsement are based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insureds upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

A one year extended reporting endorsement for EPLI coverage is included in the policy language.

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the individual State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states= insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals for claims activity that is brought to them by the underwriting staff each year.

TDIC Rules, Rates and Forms Manual for Illinois

ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois Dental Association.

TERRITORIAL DEFINITIONS

Territory 1 -- Cook County

Territory 2 - All counties except Cook County

DISCOUNTS

Package policy discount of 12%.

STATE BOARD OF DENTAL EXAMINERS COVERAGE

TDIC issues to the Illinois State Dental Society a policy for students taking the state board exams. The cost is \$100 a year. Certificates of Insurance are given to those student members sitting for a particular exam. A fully paid extended reporting period endorsement is also issued with the policy.

CANCELLATION

Notice of Cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has submitted a fraudulent claim;
4. Any insured has violated any of the terms and conditions of the policy;
5. The risk originally accepted has measurably increased;
6. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
7. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

REAL AND BUSINESS PERSONAL PROPERTY

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RULES

ELIGIBILITY

Membership may be a requirement of a state dental association or society. In some states, the state dental association may form a risk purchasing group in order to restrict our insurance to members only. In order to secure a property policy, a dentist must own a building or lease office space. For building coverage, the dentist owner must occupy the building or part of the building. Multiple office locations are permitted. The dentist must practice dentistry from the location insured.

TDIC does not intend to insure buildings over 30,000 square feet or over seven stories in height. We will not insure dental offices located in buildings that have significant exposures from heavy public access such as restaurants, manufacturing operations, warehouses, wood working operations, repair shops, sawmills or prisons.

If the replacement cost for the building is greater than \$3,000,000, TDIC will not insure such a risk.

POLICY TERM

All policies will have a common anniversary date which will vary by state. The premium on the initial policy will be prorated based on the rates in effect at the time of coverage begins.

PAYMENT OF PREMIUM

Policies can be paid annually, semi-annually and monthly through automatic withdrawal from applicant's bank. There are no service or interest charges on any of the payment options.

CLASSIFICATION/TERRITORY

All property rates will be based on the individual state territories, protection classes and building construction class. See state specific pages.

LIMITS OF LIABILITY

Coverage amounts on real and personal property will vary. The limit of liability for building and personal property should be for the full value as there is no coinsurance provision in the policy. Coverage is on a replacement cost basis. The personal property limit should include Tenants, Improvements, and Betterments, if needed. The maximum amounts TDIC will insure are:

Building Coverage.....	\$3,000,000
Accounts Receivable.....	\$1,000,000
Valuable Papers.....	\$1,000,000
Money and Securities.....	\$20,000
Fine Arts.....	\$20,000
Gold/Other Metals.....	\$20,000
Employee Dishonesty.....	\$250,000

Coverage extensions providing limits beyond real and personal property at no additional cost are:

Newly Acquired Buildings.....	\$500,000
Newly Acquired Business Personal Property.....	\$500,000
Fine Arts (limit can be increased from an additional premium)	\$5,000

TDIC Rules, Rates and Forms Manual for Illinois

Personal Property Off-Premises and In Transit	\$25,000
Personal Effects	\$10,000
Gold/Other Precious Metals (limit can be increased for an additional premium)	\$5,000
Loss of Income (\$750/day for 10 days and then the excess on an Actual Loss Sustained basis. Option to purchase additional limits up to \$2,000 per day for 10 days)	
Sign Coverage.....	\$10,000
Extra Expense (limit can be increased for an additional premium)	\$100,000
Accounts Receivable (limit can be increased for an additional premium)	\$100,000
Valuable Papers (limit can be increased for an additional premium)	\$25,000
Employee Dishonesty	\$25,000

OPTIONAL COVERAGES

1. Equipment Breakdown- Added by endorsement -flat rate of .0048 applied per \$100 of Building and Business Personal Property values.

COVERAGES WHERE ADDITIONAL LIMITS CAN BE PURCHASED

1. Accounts Receivable
2. Valuable Papers and Records
3. Money and Securities
4. Fine Art
5. Gold and Other Precious Metals
6. Employee Dishonesty
7. Signs

INFLATION GUARD

The limits for real and personal property coverages are adjusted as renewal automatically with an inflation protection factor of 104%.

MINIMUM PREMIUM

The minimum annual premium for the property coverage is \$250 when added to a professional liability policy and \$500 for mono-line property policies. Any applicable state surcharges, taxes or fees would also apply.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

DEDUCTIBLES

TDIC offers a \$500 and \$1,000 deductible.

DISCOUNTS/CREDITS/DEBITS

Offices which have equipped all operatories with closed end water units are eligible for a 10% credit.

A package discount is given to policyholders that purchase professional liability insurance in addition to their building or business personal property insurance. See state specific rules.

Earthquake premium will not be discounted.

TDIC Rules, Rates and Forms Manual for Illinois

INDIVIDUAL RISK PREMIUM MODIFICATION PLAN

The policy may be modified to recognize special characteristics of the risk that are not fully reflected in the basic premium or rates. The total credits or debits may not exceed 25%. This plan may be applied to building and/or contents coverage. This plan can not be applied to earthquake or employee dishonesty/ERISA coverages.

<u>RISK CHARACTERISTICS</u>	<u>RANGE OF MODIFICATIONS</u>	
	<i>Credits</i>	<i>Debits</i>
1. LOCATION Accessibility, congestion and exposures	10%	to 10%
2. BUILDING FEATURES Age, condition and unusual structural features	10%	to 10%
3. PREMISES AND EQUIPMENT Care, condition and type	10%	to 10%
4. PROTECTION Not otherwise recognized	10%	to 10%

CANCELLATION

TDIC will give thirty (30) days notice of intention to cancel a policy unless based on non-payment of premium, then ten (10) days notice will be given.

DECLINATIONS

An applicant to TDIC may be declined subject to the underwriting process due to the following:

1. Undervaluation of real or personal property and the applicant does not or will not increase limits to meet TDIC standards;
2. Unacceptable occupancies located within or next to the premises of the insured;
3. Risk requesting limits outside of TDIC's limits available;
4. Multiple losses that result in a frequency of losses;
5. Risks that do not meet TDIC's underwriting standards;
6. There are any open claims.

NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State dental association non-membership;
3. Falsification of any insurance application;
4. Unsatisfactory inspection;
5. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
6. An act or omission by the insured that substantially increases or changes the risk insured;
7. Felony or misdemeanor conviction (if in connection with a dental practice);
8. Health problems such as alcoholism, drug addiction or mental illness.

See state specific non-renewal guidelines.

TDIC Rules, Rates and Forms Manual for Illinois

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the individual State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states' insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals for claims activity that is brought to them by the underwriting staff each year.

TDIC Rules, Rates and Forms Manual for Illinois

ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois State Dental Society.

TERRITORIAL DEFINITIONS

Territory 1 – Cook Country

Territory 2 – All counties except Cook County

DISCOUNTS/CREDITS/DEBITS

Package policy discount of 12%.

MINE SUBSIDENCE INSURANCE

1. Illinois Mine Subsidence Act – (Article XXXVIII A) requires a Min Subsidence Program for coverage on buildings for loss causes by mine subsidence.

- a. Eligible property:

- (1) Commercial buildings up to a maximum limit of liability of \$350,000.

- b. Ineligible property:

- (1) Business Personal Property
 - (2) Time element coverages
 - (3) Limits of liability in excess of \$3,500,000 for commercial buildings, which is the maximum amount reinsured by the Illinois Mine Subsidence Fund.

- c. Coverage is mandatory in the following counties:

Bond	Bureau	Christian	Clinton
Douglas	Franklin	Fulton	Gallatin
Grundy	Jackson	Jefferson	Knox
LaSalle	Logan	McDonough	Macoupin
Madison	Marion	Marshall	Menard
Mercer	Montgomery	Peoria	Perry
Putnam	Randolph	Rock Island	St. Clair
Saline	Sangamon	Tazewell	Vermilion
Washington	Williamson		

Insurance can be waived in these counties if the insured signs a waiver of Mine Subsidence Insurance.

- d. Coverage in the remaining counties is not mandatory but must be provided if requested.

TDIC Rules, Rates and Forms Manual for Illinois

CANCELLATION

Notice of cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has submitted a fraudulent claim;
4. Any insured has violated any of the terms and conditions of the policy;
5. The risk originally accepted has measurably increased;
6. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
7. The determination by the director that the continuation of the policy would place the insurer in violation of the insurance laws of this state.

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

**TDIC
RULES, RATES AND FORMS MANUAL
FOR ILLINOIS**

TABLE OF CONTENTS

PROFESSIONAL AND BUSINESS LIABILITY1
ILLINOIS.....7

REAL AND BUISNESS PERSONAL PROPERTY8
ILLINOIS.....12

PROFESSIONAL AND PREMISES LIABILITY

RULES

ELIGIBILITY

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage is available to applicants previously practicing in other states.

TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicant must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness, must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declarations Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

PAYMENT OF PREMIUM

Policies can be paid annually, semi-annually and monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

TDIC Rules, Rates and Forms Manual for Illinois

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

TERRITORIAL GUIDELINES

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

LIMITS OF LIABILITY

Policy limits are based on a per claim/aggregate basis.

Limits available are:

\$500,000 per claim/\$1,500,000 aggregate
\$1,000,000 per claim/\$3,000,000 aggregate
\$1,500,000 per claim/\$4,500,000 aggregate
\$3,000,000 per claim/\$3,000,000 aggregate
\$5,000,000 per claim/\$5,000,000 aggregate

Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. The aggregate limit applies to both the Professional Liability and Business Liability.

TDIC Rules, Rates and Forms Manual for Illinois

VOLUNTEER DENTIST

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. TDIC retired policyholders must have an ongoing extended reporting endorsement or be paying their installment premiums. If insured by another carrier a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/\$3,000,000.

Volunteer Dentist Premium is calculated at 10% of their Class, subject to a \$100 minimum premium.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Business Liability TDIC 1001-0110 AS is an abbreviated application for "New Dentist" which is defined as a newly licensed dentist who has never practiced in the United States or its territories.

The New Dentist Premium Endorsement, TDIC 2506-0110 AS, will be attached to all Illinois policies advising the policyholder that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time. Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for thirty (30) consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) will be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours will be given a 40% discount.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

TDIC Rules, Rates and Forms Manual for Illinois

A package discount is given to policyholders that purchase building or business personal property insurance in addition to their professional liability. See state specific rules.

OPTIONAL COVERAGES

LOCUM TENENS ENDORSEMENT

This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured's place. The insured is restricted to two (2) endorsements per policy year, subject to a 90 calendar day maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

EMPLOYMENT PRACTICES LIABILITY COVERAGE

Optional coverage. Limits offered:

\$50,000
\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC's EPLI losses will be reviewed prior to renewing, if there are losses the policy will be affected as follows:

If there has been one claim the premium charge will go to the next level, if there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered "Yes" form# TDIC2026-0108AS will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured's request, at a premium charge of 10% of the professional liability premium.

**BUSINESS LIABILITY COVERAGE ENDORSEMENT FOR PREMISES OWNED BY INDIVIDUALS
NOT THE NAMED INSURED**

TDIC2019-0110AS will be attached with no additional premium to expand the definition of "who is insured" for non-dental entities. Due to the increased incidence of non-dental spouses and heightened awareness of the need to be named for the incidental exposures, the endorsement is added for those eligible accounts.

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if, within the last five years, while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

Prior acts coverage is not available to applicants who are applying uninsured. Applicants who insist they will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction (if in connection with a dental practice);
5. Falsification of the insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems such as alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

See state specific non-renewal guidelines.

EXTENDED REPORTING PERIOD ENDORSEMENT

All policies canceled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, and including the cost. The premium used for this endorsement are based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insureds upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

A one year extended reporting endorsement for EPLI coverage is included in the policy language.

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the individual State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states= insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals for claims activity that is brought to them by the underwriting staff each year.

ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois Dental Association.

TERRITORIAL DEFINITIONS

Territory 1 – Cook County

Territory 2 – All counties except Cook County

DISCOUNTS

Package policy discount of 12%.

STATE BOARD OF DENTAL EXAMINERS COVERAGE

TDIC issues to the Illinois State Dental Society a policy for students taking the state board exams. The cost is \$100 a year. Certificates of Insurance are given to those student members sitting for a particular exam. A fully paid extended reporting period endorsement is also issued with the policy.

CANCELLATION

Notice of Cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has submitted a fraudulent claim;
4. Any insured has violated any of the terms and conditions of the policy;
5. The risk originally accepted has measurably increased;
6. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
7. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

REAL AND BUSINESS PERSONAL PROPERTY

RULES

ELIGIBILITY

Membership may be a requirement of a state dental association or society. In some states, the state dental association may form a risk purchasing group in order to restrict our insurance to members only. In order to secure a property policy, a dentist must own a building or lease office space. For building coverage, the dentist owner must occupy the building or part of the building. Multiple office locations are permitted. The dentist must practice dentistry from the location insured.

TDIC does not intend to insure buildings over 30,000 square feet or over seven stories in height. We will not insure dental offices located in buildings that have significant exposures from heavy public access such as restaurants, manufacturing operations, warehouses, wood working operations, repair shops, sawmills or prisons.

If the replacement cost for the building is greater than \$3,000,000, TDIC will not insure such a risk.

POLICY TERM

All policies will have a common anniversary date which will vary by state. The premium on the initial policy will be prorated based on the rates in effect at the time of coverage begins.

PAYMENT OF PREMIUM

Policies can be paid annually, semi-annually and monthly through automatic withdrawal from applicant's bank. There are no service or interest charges on any of the payment options.

CLASSIFICATION/TERRITORY

All property rates will be based on the individual state territories, protection classes and building construction class. See state specific pages.

LIMITS OF LIABILITY

Coverage amounts on real and personal property will vary. The limit of liability for building and personal property should be for the full value as there is no coinsurance provision in the policy. Coverage is on a replacement cost basis. The personal property limit should include Tenants, Improvements, and Betterments, if needed. The maximum amounts TDIC will insure are:

Building Coverage.....	\$3,000,000
Accounts Receivable	\$1,000,000
Valuable Papers	\$1,000,000
Money and Securities	\$20,000
Fine Arts	\$20,000
Gold/Other Metals	\$20,000
Employee Dishonesty	\$250,000

Coverage extensions providing limits beyond real and personal property at no additional cost are:

Newly Acquired Buildings	\$500,000
Newly Acquired Business Personal Property	\$500,000
Fine Arts (limit can be increased from an additional premium)	\$5,000

TDIC Rules, Rates and Forms Manual for Illinois

Personal Property Off-Premises and In Transit.....	\$25,000
Personal Effects.....	\$10,000
Gold/Other Precious Metals (limit can be increased for an additional premium)	\$5,000
Loss of Income (\$750/day for 10 days and then the excess on an Actual Loss Sustained basis. Option to purchase additional limits up to \$2,000 per day for 10 days)	
Sign Coverage.....	\$10,000
Extra Expense (limit can be increased for an additional premium).....	\$100,000
Accounts Receivable (limit can be increased for an additional premium)	\$100,000
Valuable Papers (limit can be increased for an additional premium).....	\$25,000
Employee Dishonesty.....	\$25,000

OPTIONAL COVERAGES

1. Equipment Breakdown- Added by endorsement -flat rate of .0048 applied per \$100 of Building and Business Personal Property values.

COVERAGES WHERE ADDITIONAL LIMITS CAN BE PURCHASED

1. Accounts Receivable
2. Valuable Papers and Records
3. Money and Securities
4. Fine Art
5. Gold and Other Precious Metals
6. Employee Dishonesty
7. Signs

INFLATION GUARD

The limits for real and personal property coverages are adjusted as renewal automatically with an inflation protection factor of 104%.

MINIMUM PREMIUM

The minimum annual premium for the property coverage is \$250 when added to a professional liability policy and \$500 for mono-line property policies. Any applicable state surcharges, taxes or fees would also apply.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

DEDUCTIBLES

TDIC offers a \$500 and \$1,000 deductible.

DISCOUNTS/CREDITS/DEBITS

Offices which have equipped all operatories with closed end water units are eligible for a 10% credit.

A package discount is given to policyholders that purchase professional liability insurance in addition to their building or business personal property insurance. See state specific rules.

Earthquake premium will not be discounted.

TDIC Rules, Rates and Forms Manual for Illinois

INDIVIDUAL RISK PREMIUM MODIFICATION PLAN

The policy may be modified to recognize special characteristics of the risk that are not fully reflected in the basic premium or rates. The total credits or debits may not exceed 25%. This plan may be applied to building and/or contents coverage. This plan can not be applied to earthquake or employee dishonesty/ERISA coverages.

<u>RISK CHARACTERISTICS</u>	<u>RANGE OF MODIFICATIONS</u>		
	<i>Credits</i>		<i>Debits</i>
1. LOCATION Accessibility, congestion and exposures	10%	to	10%
2. BUILDING FEATURES Age, condition and unusual structural features	10%	to	10%
3. PREMISES AND EQUIPMENT Care, condition and type	10%	to	10%
4. PROTECTION Not otherwise recognized	10%	to	10%

CANCELLATION

TDIC will give thirty (30) days notice of intention to cancel a policy unless based on non-payment of premium, then ten (10) days notice will be given.

DECLINATIONS

An applicant to TDIC may be declined subject to the underwriting process due to the following:

1. Undervaluation of real or personal property and the applicant does not or will not increase limits to meet TDIC standards;
2. Unacceptable occupancies located within or next to the premises of the insured;
3. Risk requesting limits outside of TDIC's limits available;
4. Multiple losses that result in a frequency of losses;
5. Risks that do not meet TDIC's underwriting standards;
6. There are any open claims.

NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State dental association non-membership;
3. Falsification of any insurance application;
4. Unsatisfactory inspection;
5. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
6. An act or omission by the insured that substantially increases or changes the risk insured;
7. Felony or misdemeanor conviction (if in connection with a dental practice);
8. Health problems such as alcoholism, drug addiction or mental illness.

See state specific non-renewal guidelines.

TDIC Rules, Rates and Forms Manual for Illinois

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the individual State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states= insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals for claims activity that is brought to them by the underwriting staff each year.

ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois State Dental Society.

TERRITORIAL DEFINITIONS

Territory 1 – Cook Country

Territory 2 – All counties except Cook County

DISCOUNTS/CREDITS/DEBITS

Package policy discount of 12%.

MINE SUBSIDENCE INSURANCE

1. Illinois Mine Subsidence Act – (Article XXXVIII A) requires a Min Subsidence Program for coverage on buildings for loss causes by mine subsidence.

- a. Eligible property:

- (1) Commercial buildings up to a maximum limit of liability of \$350,000.

- b. Ineligible property:

- (1) Business Personal Property
 - (2) Time element coverages
 - (3) Limits of liability in excess of \$3,500,000 for commercial buildings, which is the maximum amount reinsured by the Illinois Mine Subsidence Fund.

- c. Coverage is mandatory in the following counties:

Bond	Bureau	Christian	Clinton
Douglas	Franklin	Fulton	Gallatin
Grundy	Jackson	Jefferson	Knox
LaSalle	Logan	McDonough	Macoupin
Madison	Marion	Marshall	Menard
Mercer	Montgomery	Peoria	Perry
Putnam	Randolph	Rock Island	St. Clair
Saline	Sangamon	Tazewell	Vermilion
Washington	Williamson		

Insurance can be waived in these counties if the insured signs a waiver of Mine Subsidence Insurance.

- d. Coverage in the remaining counties is not mandatory but must be provided if requested.

CANCELLATION

Notice of cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has submitted a fraudulent claim;
4. Any insured has violated any of the terms and conditions of the policy;
5. The risk originally accepted has measurably increased;
6. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
7. The determination by the director that the continuation of the policy would place the insurer in violation of the insurance laws of this state.

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

State: Illinois**Filing Company:** The Dentists Insurance Company**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2030 Dentist**Product Name:** Professional Liability**Project Name/Number:** Special Event Endorsement & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL

Reviewer Note

Created By:

Gayle Neuman on 09/14/2012 09:52 AM

Last Edited By:

Gayle Neuman

Submitted On:

10/22/2012 11:28 AM

Subject:

company rate info

Comments:

see attachment

State: Illinois

Filing Company: The Dentists Insurance Company

TOI/Sub-TOI: 11.2 Med Mal-Claims Made Only/11.2030 Dentist

Product Name: Professional Liability

Project Name/Number: Special Event Endorsement & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL

Attachment RE company rate information.htm is not a PDF document and cannot be reproduced here.

State:	Illinois	Filing Company:	The Dentists Insurance Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2030 Dentist		
Product Name:	Professional Liability		
Project Name/Number:	Special Event Endorsment & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL		

Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Illinois Rule Manual	4,5,6,7,8	Replacement	DENT-126342667	IL PL Rules Rates Manual 0113.redline.pdf IL PL Rules Rates Manual 0113 clean.pdf
2		Illinois Rule Manual	4,5,6,7,8	Replacement	DENT-126342667	IL PL Rules Rates Manual 0113.redline.pdf IL PL Rules Rates Manual 0113.clean.pdf
3		Illinois Rule Manual	4,5,6,7,8	Replacement	DENT-126342667	IL PL Rules Rates Manual 0113.redline.pdf IL PL Rules Rates Manual 0113.clean.pdf

**TDIC
RULES, RATES AND FORMS MANUAL
FOR ILLINOIS**

TABLE OF CONTENTS

PROFESSIONAL AND BUSINESS LIABILITY1
ILLINOIS.....8

PROFESSIONAL AND PREMISES LIABILITY

RULES

ELIGIBILITY

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage is available to applicants previously practicing in other states.

TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicant must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness, must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declarations Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if “prior acts” coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

PAYMENT OF PREMIUM

Policies can be paid annually, semi-annually and monthly through automatic withdrawal from the applicant’s bank. There are no service or interest charges on any of the payment options.

CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

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TDIC Rules, Rates and Forms Manual for Illinois

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

TERRITORIAL GUIDELINES

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

LIMITS OF LIABILITY

Policy limits are based on a per claim/aggregate basis.

Limits available are:

\$500,000 per claim/\$1,500,000 aggregate
\$1,000,000 per claim/\$3,000,000 aggregate
\$1,500,000 per claim/\$4,500,000 aggregate
\$3,000,000 per claim/\$3,000,000 aggregate
\$5,000,000 per claim/\$5,000,000 aggregate

Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. The aggregate limit applies to both the Professional Liability and Business Liability.

VOLUNTEER DENTIST

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. TDIC retired policyholders must have an ongoing extended reporting endorsement or be paying their installment premiums. If insured by another carrier a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/\$3,000,000.

Volunteer Dentist Premium is calculated at 10% of their Class, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

NEW DENTIST PROGRAM

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form TDIC 2200-0108AS based upon the following:

- Form TDIC2510-0110AS attached to all Illinois policies advising the policyholders that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve months (12) the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Business Liability TDIC 1001-0110 AS is an abbreviated application for "New Dentist" which is defined as a newly licensed dentist who has never practiced in the United States or its territories.

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time. Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for thirty (30) consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) will be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours will be given a 40% discount.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

A package discount is given to policyholders that purchase building or business personal property insurance in addition to their professional liability. See state specific rules.

OPTIONAL COVERAGES

LOCUM TENENS ENDORSEMENT

This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured's place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

EMPLOYMENT PRACTICES LIABILITY COVERAGE

Optional coverage. Limits offered:

\$50,000
\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC's EPLI losses will be reviewed prior to renewing, if there are losses the policy will be affected as follows:

If there has been one claim the premium charge will go to the next level, if there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the

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The New Dentist Premium Endorsement, TDIC 2506-0110 AS, will be attached to all Illinois policies advising the policyholder that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.¶

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behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered "Yes" form# TDIC2026-0108AS will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured's request, at a premium charge of 10% of the professional liability premium.

BUSINESS LIABILITY COVERAGE ENDORSEMENT FOR PREMISES OWNED BY INDIVIDUALS NOT THE NAMED INSURED

TDIC2019-0110AS will be attached with no additional premium to expand the definition of "who is insured" for non-dental entities. Due to the increased incidence of non-dental spouses and heightened awareness of the need to be named for the incidental exposures, the endorsement is added for those eligible accounts.

SPECIAL EVENT ENDORSEMENT

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if, while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

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TDIC Rules, Rates and Forms Manual for Illinois

Prior acts coverage is not available to applicants who are applying uninsured. Applicants who insist they will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction (if in connection with a dental practice);
5. Falsification of the insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems limited to alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

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See state specific non-renewal guidelines.

EXTENDED REPORTING PERIOD ENDORSEMENT

All policies canceled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, and including the cost. The premium used for this endorsement are based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insureds upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

A one year extended reporting endorsement for EPLI coverage is included in the policy language.

The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the individual State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states= insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals for claims activity that is brought to them by the underwriting staff each year.

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ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois Dental Association.

TERRITORIAL DEFINITIONS

Territory **A** – Cook County

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Territory **B** – All counties except Cook County

Deleted: 2

DISCOUNTS

Package policy discount of 12%.

STATE BOARD OF DENTAL EXAMINERS COVERAGE

TDIC issues to the Illinois State Dental Society a policy for students taking the state board exams. The cost is \$100 a year. Certificates of Insurance are given to those student members sitting for a particular exam. A fully paid extended reporting period endorsement is also issued with the policy.

CANCELLATION

Notice of Cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has violated any of the terms and conditions of the policy;
4. The risk originally accepted has measurably increased;
5. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
6. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

Deleted: <#>Any insured has submitted a fraudulent claim;¶

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

**TDIC
RULES, RATES AND FORMS MANUAL
FOR ILLINOIS**

TABLE OF CONTENTS

PROFESSIONAL AND BUSINESS LIABILITY1
ILLINOIS.....8

PROFESSIONAL AND PREMISES LIABILITY

RULES

ELIGIBILITY

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage is available to applicants previously practicing in other states.

TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicant must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness, must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declarations Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

PAYMENT OF PREMIUM

Policies can be paid annually, semi-annually and monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

TDIC Rules, Rates and Forms Manual for Illinois

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

TERRITORIAL GUIDELINES

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

LIMITS OF LIABILITY

Policy limits are based on a per claim/aggregate basis.

Limits available are:

\$500,000 per claim/\$1,500,000 aggregate
\$1,000,000 per claim/\$3,000,000 aggregate
\$1,500,000 per claim/\$4,500,000 aggregate
\$3,000,000 per claim/\$3,000,000 aggregate
\$5,000,000 per claim/\$5,000,000 aggregate

Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. The aggregate limit applies to both the Professional Liability and Business Liability.

VOLUNTEER DENTIST

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. TDIC retired policyholders must have an ongoing extended reporting endorsement or be paying their installment premiums. If insured by another carrier a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/\$3,000,000.

Volunteer Dentist Premium is calculated at 10% of their Class, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

NEW DENTIST PROGRAM

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form TDIC 2200-0108AS based upon the following:

- Form TDIC2510-0110AS attached to all Illinois policies advising the policyholders that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve months (12) the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Business Liability TDIC 1001-0110 AS is an abbreviated application for "New Dentist" which is defined as a newly licensed dentist who has never practiced in the United States or its territories.

TDIC Rules, Rates and Forms Manual for Illinois

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time. Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for thirty (30) consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) will be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours will be given a 40% discount.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

A package discount is given to policyholders that purchase building or business personal property insurance in addition to their professional liability. See state specific rules.

OPTIONAL COVERAGES

LOCUM TENENS ENDORSEMENT

This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured's place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

EMPLOYMENT PRACTICES LIABILITY COVERAGE

Optional coverage. Limits offered:

\$50,000
\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC's EPLI losses will be reviewed prior to renewing, if there are losses the policy will be affected as follows:

If there has been one claim the premium charge will go to the next level, if there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the

behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered “Yes” form# TDIC2026-0108AS will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured’s request, at a premium charge of 10% of the professional liability premium.

BUSINESS LIABILITY COVERAGE ENDORSEMENT FOR PREMISES OWNED BY INDIVIDUALS NOT THE NAMED INSURED

TDIC2019-0110AS will be attached with no additional premium to expand the definition of “who is insured” for non-dental entities. Due to the increased incidence of non-dental spouses and heightened awareness of the need to be named for the incidental exposures, the endorsement is added for those eligible accounts.

SPECIAL EVENT ENDORSEMENT

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

TDIC Rules, Rates and Forms Manual for Illinois

Prior acts coverage is not available to applicants who are applying uninsured. Applicants who insist they will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction (if in connection with a dental practice);
5. Falsification of the insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems limited to alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

See state specific non-renewal guidelines.

EXTENDED REPORTING PERIOD ENDORSEMENT

All policies canceled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, and including the cost. The premium used for this endorsement are based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insureds upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

A one year extended reporting endorsement for EPLI coverage is included in the policy language.

The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the individual State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states= insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals for claims activity that is brought to them by the underwriting staff each year.

ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois Dental Association.

TERRITORIAL DEFINITIONS

Territory A – Cook County

Territory B – All counties except Cook County

DISCOUNTS

Package policy discount of 12%.

STATE BOARD OF DENTAL EXAMINERS COVERAGE

TDIC issues to the Illinois State Dental Society a policy for students taking the state board exams. The cost is \$100 a year. Certificates of Insurance are given to those student members sitting for a particular exam. A fully paid extended reporting period endorsement is also issued with the policy.

CANCELLATION

Notice of Cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has violated any of the terms and conditions of the policy;
4. The risk originally accepted has measurably increased;
5. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
6. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

**TDIC
RULES, RATES AND FORMS MANUAL
FOR ILLINOIS**

TABLE OF CONTENTS

PROFESSIONAL AND BUSINESS LIABILITY1
ILLINOIS.....8

PROFESSIONAL AND PREMISES LIABILITY

RULES

ELIGIBILITY

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Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage is available to applicants previously practicing in other states.

TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicant must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness, must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declarations Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if “prior acts” coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

PAYMENT OF PREMIUM

Policies can be paid annually, semi-annually and monthly through automatic withdrawal from the applicant’s bank. There are no service or interest charges on any of the payment options.

CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

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TDIC Rules, Rates and Forms Manual for Illinois

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

TERRITORIAL GUIDELINES

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

LIMITS OF LIABILITY

Policy limits are based on a per claim/aggregate basis.

Limits available are:

\$500,000 per claim/\$1,500,000 aggregate
\$1,000,000 per claim/\$3,000,000 aggregate
\$1,500,000 per claim/\$4,500,000 aggregate
\$3,000,000 per claim/\$3,000,000 aggregate
\$5,000,000 per claim/\$5,000,000 aggregate

Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. The aggregate limit applies to both the Professional Liability and Business Liability.

VOLUNTEER DENTIST

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. TDIC retired policyholders must have an ongoing extended reporting endorsement or be paying their installment premiums. If insured by another carrier a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/\$3,000,000.

Volunteer Dentist Premium is calculated at 10% of their Class, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

NEW DENTIST PROGRAM

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form TDIC 2200-0108AS based upon the following:

- Form TDIC2510-0110AS attached to all Illinois policies advising the policyholders that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve months (12) the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Business Liability TDIC 1001-0110 AS is an abbreviated application for "New Dentist" which is defined as a newly licensed dentist who has never practiced in the United States or its territories.

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time. Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for thirty (30) consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) will be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours will be given a 40% discount.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

A package discount is given to policyholders that purchase building or business personal property insurance in addition to their professional liability. See state specific rules.

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¶ The New Dentist Premium Endorsement, TDIC 2506-0110 AS, will be attached to all Illinois policies advising the policyholder that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.¶

OPTIONAL COVERAGES

LOCUM TENENS ENDORSEMENT

This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured's place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

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EMPLOYMENT PRACTICES LIABILITY COVERAGE

Optional coverage. Limits offered:

\$50,000
\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC's EPLI losses will be reviewed prior to renewing, if there are losses the policy will be affected as follows:

If there has been one claim the premium charge will go to the next level, if there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the

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behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered "Yes" form# TDIC2026-0108AS will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured's request, at a premium charge of 10% of the professional liability premium.

BUSINESS LIABILITY COVERAGE ENDORSEMENT FOR PREMISES OWNED BY INDIVIDUALS NOT THE NAMED INSURED

TDIC2019-0110AS will be attached with no additional premium to expand the definition of "who is insured" for non-dental entities. Due to the increased incidence of non-dental spouses and heightened awareness of the need to be named for the incidental exposures, the endorsement is added for those eligible accounts.

SPECIAL EVENT ENDORSEMENT

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if, while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

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TDIC Rules, Rates and Forms Manual for Illinois

Prior acts coverage is not available to applicants who are applying uninsured. Applicants who insist they will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction (if in connection with a dental practice);
5. Falsification of the insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems such as alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

See state specific non-renewal guidelines.

EXTENDED REPORTING PERIOD ENDORSEMENT

All policies canceled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, and including the cost. The premium used for this endorsement are based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insureds upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

A one year extended reporting endorsement for EPLI coverage is included in the policy language.

[The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.](#)

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the individual State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states= insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals for claims activity that is brought to them by the underwriting staff each year.

ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois Dental Association.

TERRITORIAL DEFINITIONS

Territory **A** – Cook County

Deleted: 1

Territory **B** – All counties except Cook County

Deleted: 2

DISCOUNTS

Package policy discount of 12%.

STATE BOARD OF DENTAL EXAMINERS COVERAGE

TDIC issues to the Illinois State Dental Society a policy for students taking the state board exams. The cost is \$100 a year. Certificates of Insurance are given to those student members sitting for a particular exam. A fully paid extended reporting period endorsement is also issued with the policy.

CANCELLATION

Notice of Cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has violated any of the terms and conditions of the policy;
4. The risk originally accepted has measurably increased;
5. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
6. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

Deleted: <#>Any insured has submitted a fraudulent claim;¶

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

**TDIC
RULES, RATES AND FORMS MANUAL
FOR ILLINOIS**

TABLE OF CONTENTS

PROFESSIONAL AND BUSINESS LIABILITY1
ILLINOIS.....8

PROFESSIONAL AND PREMISES LIABILITY

RULES

ELIGIBILITY

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage is available to applicants previously practicing in other states.

TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicant must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness, must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declarations Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

PAYMENT OF PREMIUM

Policies can be paid annually, semi-annually and monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

TDIC Rules, Rates and Forms Manual for Illinois

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

TERRITORIAL GUIDELINES

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

LIMITS OF LIABILITY

Policy limits are based on a per claim/aggregate basis.

Limits available are:

\$500,000 per claim/\$1,500,000 aggregate
\$1,000,000 per claim/\$3,000,000 aggregate
\$1,500,000 per claim/\$4,500,000 aggregate
\$3,000,000 per claim/\$3,000,000 aggregate
\$5,000,000 per claim/\$5,000,000 aggregate

Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. The aggregate limit applies to both the Professional Liability and Business Liability.

VOLUNTEER DENTIST

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. TDIC retired policyholders must have an ongoing extended reporting endorsement or be paying their installment premiums. If insured by another carrier a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/\$3,000,000.

Volunteer Dentist Premium is calculated at 10% of their Class, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

NEW DENTIST PROGRAM

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form TDIC 2200-0108AS based upon the following:

- Form TDIC2510-0110AS attached to all Illinois policies advising the policyholders that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve months (12) the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Business Liability TDIC 1001-0110 AS is an abbreviated application for "New Dentist" which is defined as a newly licensed dentist who has never practiced in the United States or its territories.

TDIC Rules, Rates and Forms Manual for Illinois

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time. Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for thirty (30) consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) will be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours will be given a 40% discount.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

A package discount is given to policyholders that purchase building or business personal property insurance in addition to their professional liability. See state specific rules.

OPTIONAL COVERAGES

LOCUM TENENS ENDORSEMENT

This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured's place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

EMPLOYMENT PRACTICES LIABILITY COVERAGE

Optional coverage. Limits offered:

\$50,000
\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC's EPLI losses will be reviewed prior to renewing, if there are losses the policy will be affected as follows:

If there has been one claim the premium charge will go to the next level, if there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the

TDIC Rules, Rates and Forms Manual for Illinois

behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered “Yes” form# TDIC2026-0108AS will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured’s request, at a premium charge of 10% of the professional liability premium.

BUSINESS LIABILITY COVERAGE ENDORSEMENT FOR PREMISES OWNED BY INDIVIDUALS NOT THE NAMED INSURED

TDIC2019-0110AS will be attached with no additional premium to expand the definition of “who is insured” for non-dental entities. Due to the increased incidence of non-dental spouses and heightened awareness of the need to be named for the incidental exposures, the endorsement is added for those eligible accounts.

SPECIAL EVENT ENDORSEMENT

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

TDIC Rules, Rates and Forms Manual for Illinois

Prior acts coverage is not available to applicants who are applying uninsured. Applicants who insist they will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction (if in connection with a dental practice);
5. Falsification of the insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems such as alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

See state specific non-renewal guidelines.

EXTENDED REPORTING PERIOD ENDORSEMENT

All policies canceled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, and including the cost. The premium used for this endorsement are based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insureds upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

A one year extended reporting endorsement for EPLI coverage is included in the policy language.

The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the individual State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states= insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals for claims activity that is brought to them by the underwriting staff each year.

ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois Dental Association.

TERRITORIAL DEFINITIONS

Territory A – Cook County

Territory B – All counties except Cook County

DISCOUNTS

Package policy discount of 12%.

STATE BOARD OF DENTAL EXAMINERS COVERAGE

TDIC issues to the Illinois State Dental Society a policy for students taking the state board exams. The cost is \$100 a year. Certificates of Insurance are given to those student members sitting for a particular exam. A fully paid extended reporting period endorsement is also issued with the policy.

CANCELLATION

Notice of Cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has violated any of the terms and conditions of the policy;
4. The risk originally accepted has measurably increased;
5. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
6. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

**TDIC
RULES, RATES AND FORMS MANUAL
FOR ILLINOIS**

TABLE OF CONTENTS

PROFESSIONAL AND BUSINESS LIABILITY 1
ILLINOIS..... 8

PROFESSIONAL AND PREMISES LIABILITY

RULES

ELIGIBILITY

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage is available to applicants previously practicing in other states.

TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicant must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness, must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declarations Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

PAYMENT OF PREMIUM

Policies can be paid annually, semi-annually and monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

TDIC Rules, Rates and Forms Manual for Illinois

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

TERRITORIAL GUIDELINES

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

LIMITS OF LIABILITY

Policy limits are based on a per claim/aggregate basis.

Limits available are:

\$500,000 per claim/\$1,500,000 aggregate
\$1,000,000 per claim/\$3,000,000 aggregate
\$1,500,000 per claim/\$4,500,000 aggregate
\$3,000,000 per claim/\$3,000,000 aggregate
\$5,000,000 per claim/\$5,000,000 aggregate

Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. The aggregate limit applies to both the Professional Liability and Business Liability.

VOLUNTEER DENTIST

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. TDIC retired policyholders must have an ongoing extended reporting endorsement or be paying their installment premiums. If insured by another carrier a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/\$3,000,000.

Volunteer Dentist Premium is calculated at 10% of their Class, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

NEW DENTIST PROGRAM

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form TDIC 2200-0108AS based upon the following:

- Form TDIC2510-0110AS attached to all Illinois policies advising the policyholders that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve months (12) the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Business Liability TDIC 1001-0110 AS is an abbreviated application for "New Dentist" which is defined as a newly licensed dentist who has never practiced in the United States or its territories.

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time. Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for thirty (30) consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) will be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours will be given a 40% discount.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

A package discount is given to policyholders that purchase building or business personal property insurance in addition to their professional liability. See state specific rules.

OPTIONAL COVERAGES

LOCUM TENENS ENDORSEMENT

This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured's place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

EMPLOYMENT PRACTICES LIABILITY COVERAGE

Optional coverage. Limits offered:

\$50,000
\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC's EPLI losses will be reviewed prior to renewing, if there are losses the policy will be affected as follows:

If there has been one claim the premium charge will go to the next level, if there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the

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The New Dentist Premium Endorsement, TDIC 2506-0110 AS, will be attached to all Illinois policies advising the policyholder that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.¶

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TDIC Rules, Rates and Forms Manual for Illinois

behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered "Yes" form# TDIC2026-0108AS will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured's request, at a premium charge of 10% of the professional liability premium.

BUSINESS LIABILITY COVERAGE ENDORSEMENT FOR PREMISES OWNED BY INDIVIDUALS NOT THE NAMED INSURED

TDIC2019-0110AS will be attached with no additional premium to expand the definition of "who is insured" for non-dental entities. Due to the increased incidence of non-dental spouses and heightened awareness of the need to be named for the incidental exposures, the endorsement is added for those eligible accounts.

SPECIAL EVENT ENDORSEMENT

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if, while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

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TDIC Rules, Rates and Forms Manual for Illinois

Prior acts coverage is not available to applicants who are applying uninsured. Applicants who insist they will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction (if in connection with a dental practice);
5. Falsification of the insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems such as alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

See state specific non-renewal guidelines.

EXTENDED REPORTING PERIOD ENDORSEMENT

All policies canceled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, and including the cost. The premium used for this endorsement are based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insureds upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

A one year extended reporting endorsement for EPLI coverage is included in the policy language.

The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the individual State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states= insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals for claims activity that is brought to them by the underwriting staff each year.

ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois Dental Association.

TERRITORIAL DEFINITIONS

Territory **A** – Cook County

Deleted: 1

Territory **B** – All counties except Cook County

Deleted: 2

DISCOUNTS

Package policy discount of 12%.

STATE BOARD OF DENTAL EXAMINERS COVERAGE

TDIC issues to the Illinois State Dental Society a policy for students taking the state board exams. The cost is \$100 a year. Certificates of Insurance are given to those student members sitting for a particular exam. A fully paid extended reporting period endorsement is also issued with the policy.

CANCELLATION

Notice of Cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has submitted a fraudulent claim;
4. Any insured has violated any of the terms and conditions of the policy;
5. The risk originally accepted has measurably increased;
6. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
7. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

**TDIC
RULES, RATES AND FORMS MANUAL
FOR ILLINOIS**

TABLE OF CONTENTS

PROFESSIONAL AND BUSINESS LIABILITY1
ILLINOIS.....8

PROFESSIONAL AND PREMISES LIABILITY

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Applicants who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness, must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declarations Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

PAYMENT OF PREMIUM

Policies can be paid annually, semi-annually and monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

TDIC Rules, Rates and Forms Manual for Illinois

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

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Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

TERRITORIAL GUIDELINES

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

LIMITS OF LIABILITY

Policy limits are based on a per claim/aggregate basis.

Limits available are:

\$500,000 per claim/\$1,500,000 aggregate
\$1,000,000 per claim/\$3,000,000 aggregate
\$1,500,000 per claim/\$4,500,000 aggregate
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Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. The aggregate limit applies to both the Professional Liability and Business Liability.

VOLUNTEER DENTIST

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. TDIC retired policyholders must have an ongoing extended reporting endorsement or be paying their installment premiums. If insured by another carrier a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/\$3,000,000.

Volunteer Dentist Premium is calculated at 10% of their Class, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

NEW DENTIST PROGRAM

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form TDIC 2200-0108AS based upon the following:

- Form TDIC2510-0110AS attached to all Illinois policies advising the policyholders that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve months (12) the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Business Liability TDIC 1001-0110 AS is an abbreviated application for "New Dentist" which is defined as a newly licensed dentist who has never practiced in the United States or its territories.

TDIC Rules, Rates and Forms Manual for Illinois

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time. Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for thirty (30) consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) will be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours will be given a 40% discount.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

A package discount is given to policyholders that purchase building or business personal property insurance in addition to their professional liability. See state specific rules.

OPTIONAL COVERAGES

LOCUM TENENS ENDORSEMENT

This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured's place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

EMPLOYMENT PRACTICES LIABILITY COVERAGE

Optional coverage. Limits offered:

\$50,000
\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC's EPLI losses will be reviewed prior to renewing, if there are losses the policy will be affected as follows:

If there has been one claim the premium charge will go to the next level, if there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the

behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered “Yes” form# TDIC2026-0108AS will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured’s request, at a premium charge of 10% of the professional liability premium.

BUSINESS LIABILITY COVERAGE ENDORSEMENT FOR PREMISES OWNED BY INDIVIDUALS NOT THE NAMED INSURED

TDIC2019-0110AS will be attached with no additional premium to expand the definition of “who is insured” for non-dental entities. Due to the increased incidence of non-dental spouses and heightened awareness of the need to be named for the incidental exposures, the endorsement is added for those eligible accounts.

SPECIAL EVENT ENDORSEMENT

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

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Territory A – Cook County

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5. The risk originally accepted has measurably increased;
6. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
7. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

State:	Illinois	Filing Company:	The Dentists Insurance Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2030 Dentist		
Product Name:	Professional Liability		
Project Name/Number:	Special Event Endorsement & Botulinum & Dermal Filler Injections Endorsement/PLF010113IL		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Explanatory Memorandum		
Comments:	Please see attached cover letter		
Attachment(s):			
Illinois covr letr.Jan2013..pdf			

		Item Status:	Status Date:
Bypassed - Item:	Form RF3 - (Summary Sheet)		
Bypass Reason:	No rate change		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Certification		
Comments:	Please see actuarial certification attached.		
Attachment(s):			
20120920 IL Rate Filing Opinion Eff 01012013-v2.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Manual		
Comments:	Rule manuals attached		
Attachment(s):			
IL PL Rules Rates Manual 0113.redline.pdf			
IL PL Rules Rates Manual 0113.clean.pdf			

		Item Status:	Status Date:
Satisfied - Item:	Illinois Certification Form		
Comments:	Please see certification form attached		
Attachment(s):			

SERFF Tracking #:	DENT-128679211	State Tracking #:	DENT-128679211	Company Tracking #:	PLF010113IL
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Illinois Certification.pdf

		Item Status:	Status Date:
Bypassed - Item:	Certification		
Bypass Reason:	No rate change		
Comments:			



Filing Memorandum

The Dentists Insurance Company (TDIC) requests approval of two new endorsements. The first new endorsement is the Special Event Endorsement, which is an optional endorsement that can be added to our Professional & Business Liability policy. The Special Event Endorsement will provide policyholder/dentists with coverage for dental practice-related events (such as patient appreciation days) at no charge for events held at the insured premises, and a \$100 charge for approved events off the insured premises. TDIC would like to make this endorsement available to its policyholders effective January 1, 2013. The endorsement will have a minimal rate impact, if any.

We are also requesting approval of a new Botulinum and Derma Filler Injections Endorsement to our Professional Liability policy. TDIC will attach this endorsement automatically to all Professional Liability policies at no charge. The purpose of this endorsement is to confirm and clarify coverage for procedures recognized by the Dental Board as within the scope of dentistry. TDIC will include this endorsement with the January 1, 2013 common renewal. The endorsement will have no rate impact.

In addition to the above form/rule filing, we have also taken this opportunity to update our Rules Manuals for consistency and clarity in all states where we conduct business. As such, TDIC has revised its Illinois Rule Manual to achieve the following; clarify that the extended reporting endorsement is waived for volunteer dentists; update locum tenens to show a two week minimum; revise its declination section which limits reasons to most recent five years; and revise the new dentist program wording to be consistent with how it is administered in the other states in which TDIC conducts business. Coverage is limited under this program to \$1M/\$3M limits and the first year policy is issued on an annual policy without a common renewal date. We have also updated the manual to reflect the territories as A & B (was 1 & 2) to match system coding.

If you have any questions or concerns, please feel free to contact me at (916) 554-5375 or at dora.earls@cda.org. Thank you in advance for your assistance.

Sincerely,

A handwritten signature in black ink that reads "Dora L Earls". The signature is fluid and cursive, with the first letters of the first and last names being capitalized.

Dora L Earls, RPLU, ARM, CIC, AIS
Director of Underwriting

**STATEMENT OF ACTUARIAL OPINION
REGARDING THE DENTISTS INSURANCE COMPANY
RATE FILING
(Effective January 1, 2013)**

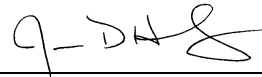
I, James D. Hurley, am associated with Towers Watson and am a Member of the American Academy of Actuaries. I have been retained by The Dentists Insurance Company of Sacramento, California, with regard to a review of two endorsements filed by the company to be effective January 1, 2013.

The first, the Botulinum and Derma Filler Injection Endorsement, will attach to all professional liability policies. It confirms and clarifies coverage for subject procedures recognized by the Dental Board as within the scope of dentistry but does not change current coverage. There is no premium charge or change associated with this endorsement.

The second, the Special Event Endorsement, is an optional endorsement which provides liability coverage associated with dental practice related events as specified in the endorsement. There is no charge for this coverage if the event is held at the insured premises. A \$100 charge is made for each approved event if held away from the insured premises. Although this is added exposure relative to existing coverage, only the added off-premises risk is deemed to warrant an additional charge.

The first endorsement represents no change in coverage or premium and I believe that is reasonable and compliant with the laws of the state of Illinois. The second endorsement represents new coverage. Unfortunately, the company has no loss experience to evaluate and I am not aware of relevant experience of other companies. However, considering these limitations and the exposure, I believe the proposed rating approach is reasonable to the circumstances and meets the insurance laws of the state of Illinois.

September 20, 2012



James D. Hurley
Associate, Casualty Actuarial Society
Member, American Academy of Actuaries

**TDIC
RULES, RATES AND FORMS MANUAL
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TABLE OF CONTENTS

PROFESSIONAL AND BUSINESS LIABILITY1
ILLINOIS.....8

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All policy changes that result in additional premium of \$10.00 or less will be waived.

NEW DENTIST PROGRAM

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form TDIC 2200-0108AS based upon the following:

- Form TDIC2510-0110AS attached to all Illinois policies advising the policyholders that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months of coverage. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.
- Policies will only be available on a Claims-Made form.
- Policies will only be available at limits of \$1M/\$3M.
- Policies will be issued on an annual basis not on a common anniversary date as we now use for all other categories of dentists.
- The New Dentist Program policy will not be eligible for Dividends.
- Upon expiration of the twelve months (12) the policy will convert to a common anniversary date used in the state.
- The New Dentists Program policy is not eligible for any other discounts.

DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

Newly Licensed-Never Practiced Application for Claims-Made Coverage for Professional and Business Liability TDIC 1001-0110 AS is an abbreviated application for "New Dentist" which is defined as a newly licensed dentist who has never practiced in the United States or its territories.

TDIC Rules, Rates and Forms Manual for Illinois

Full-time faculty members may qualify for a 50% discount for the period of time they teach full-time. Full-time postgraduate students may qualify for a 50% discount for the period of time they are a student.

Policyholders temporarily disabled for thirty (30) consecutive days or more may qualify for a 50% discount for the period of time they are disabled.

Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) will be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours will be given a 40% discount.

A 5% discount of the initial policy term will be given upon evidence of attending a risk management seminar from a previous insurer. A 5% risk management discount is available for up to two years for taking a TDIC risk management course.

A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

A package discount is given to policyholders that purchase building or business personal property insurance in addition to their professional liability. See state specific rules.

OPTIONAL COVERAGES

LOCUM TENENS ENDORSEMENT

This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured's place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

EMPLOYMENT PRACTICES LIABILITY COVERAGE

Optional coverage. Limits offered:

\$50,000
\$100,000

With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

When policy is renewed the following year, TDIC's EPLI losses will be reviewed prior to renewing, if there are losses the policy will be affected as follows:

If there has been one claim the premium charge will go to the next level, if there has been more than one claim, the policy will be re-evaluated as to whether coverage will be maintained.

IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the

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The New Dentist Premium Endorsement, TDIC 2506-0110 AS, will be attached to all Illinois policies advising the policyholder that those policyholders who qualify as a New Dentist will pay zero (\$0) for the first twelve (12) months. Premium for the thirteenth (13) month and thereafter will be determined pursuant to TDIC's underwriting rates and rules applicable to all other dentists practicing in this state and within the same specialty and years of practice.¶

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behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered "Yes" form# TDIC2026-0108AS will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured's request, at a premium charge of 10% of the professional liability premium.

BUSINESS LIABILITY COVERAGE ENDORSEMENT FOR PREMISES OWNED BY INDIVIDUALS NOT THE NAMED INSURED

TDIC2019-0110AS will be attached with no additional premium to expand the definition of "who is insured" for non-dental entities. Due to the increased incidence of non-dental spouses and heightened awareness of the need to be named for the incidental exposures, the endorsement is added for those eligible accounts.

SPECIAL EVENT ENDORSEMENT

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if, while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

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TDIC Rules, Rates and Forms Manual for Illinois

Prior acts coverage is not available to applicants who are applying uninsured. Applicants who insist they will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction (if in connection with a dental practice);
5. Falsification of the insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems such as alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

See state specific non-renewal guidelines.

EXTENDED REPORTING PERIOD ENDORSEMENT

All policies canceled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, and including the cost. The premium used for this endorsement are based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insureds upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

A one year extended reporting endorsement for EPLI coverage is included in the policy language.

The Extended Reporting Period Endorsement is included at no charge upon cancellation of the volunteer policy.

UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the individual State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states= insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

The underwriting committee will also review non-renewals for claims activity that is brought to them by the underwriting staff each year.

ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois Dental Association.

TERRITORIAL DEFINITIONS

Territory **A** – Cook County

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Territory **B** – All counties except Cook County

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DISCOUNTS

Package policy discount of 12%.

STATE BOARD OF DENTAL EXAMINERS COVERAGE

TDIC issues to the Illinois State Dental Society a policy for students taking the state board exams. The cost is \$100 a year. Certificates of Insurance are given to those student members sitting for a particular exam. A fully paid extended reporting period endorsement is also issued with the policy.

CANCELLATION

Notice of Cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has submitted a fraudulent claim;
4. Any insured has violated any of the terms and conditions of the policy;
5. The risk originally accepted has measurably increased;
6. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
7. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

**TDIC
RULES, RATES AND FORMS MANUAL
FOR ILLINOIS**

TABLE OF CONTENTS

PROFESSIONAL AND BUSINESS LIABILITY1
ILLINOIS8

PROFESSIONAL AND PREMISES LIABILITY

RULES

ELIGIBILITY

Membership may be a requirement of a state dental association or society for coverage. In some states, the state dental association/society may form a risk purchasing group in order to restrict our insurance to members only.

Applicants practicing in more than one state, in order to secure a policy, must practice the majority of the time in the state he or she is applying for coverage. Prior acts coverage is available to applicants previously practicing in other states.

TDIC may insure dentists who have been practicing uninsured. Prior acts coverage will not be provided, and applicant must be claims free for the past five (5) years. Uninsured dentists are only permitted to apply for TDIC coverage once.

Applicants who will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

Applicants with any personal health problems, including alcoholism, narcotics addiction or mental illness, must supply TDIC with a letter from their attending physician or other qualified person(s) or professional(s) explaining the condition.

A Declarations Insert is required for all applicants requesting prior acts coverage with the exception of those who have previously been provided professional liability coverage under a group policy.

POLICY TERM

All policies will have a common renewal date which will vary by state. Professional liability policies have a retroactive date which will trigger coverage if "prior acts" coverage is needed. Prior acts coverage can be granted back to July 1, 1984, if needed.

PAYMENT OF PREMIUM

Policies can be paid annually, semi-annually and monthly through automatic withdrawal from the applicant's bank. There are no service or interest charges on any of the payment options.

CLASSIFICATION

TDIC will insure the following specialties:

<u>Specialty Code</u>	<u>Specialty Name</u>
00	General Practice
10	Oral Surgery
15	Endodontics
20	Orthodontics
30	Pediatric Dentistry
40	Periodontics
50	Prosthodontics
60	Oral Pathology
90	Dental Anesthesiology

TDIC Rules, Rates and Forms Manual for Illinois

All rates are based on the specialty except for General Practitioners. They are rated by the anesthetic modality used. For those states which require a permit to administer general anesthesia and IV sedation, applicant must provide TDIC a permit number before coverage can be considered.

TDIC's class definitions are as follows:

Class 01	Volunteer Dentist – permits all types of anesthesia except I.V. or I.M. sedation and general anesthesia.
Class 09	Pediatric Dentist with all types of anesthesia allowed.
Class 10	Periodontist and Oral Pathologist with all types of anesthesia allowed.
Class 11	Endodontist with all types of anesthesia allowed and General Dentist with local, nitrous or oral sedation.
Class 12	Orthodontist with all types of anesthesia allowed.
Class 20	General Dentist with anesthesia included in Class 11 and I.V. or I.M. sedation or general anesthesia administered in office, hospital or surgi-center by M.D. Anesthesiologist, Dental Anesthesiologist or Oral Surgeon. Also includes any anesthetic delivered in a hospital or surgi-center.
Class 30	Prosthodontist with all types of anesthesia allowed.
Class 40	General Dentist with anesthesia included in Class 11, 20 and I.V. or I.M. sedation administered in office by policyholder.
Class 50	Oral Surgeon with all types of anesthesia allowed. Dental Anesthesiologist who also performs dental procedures and General Dentist with anesthesia included in Class 11, 20, and 40 and general anesthesia administered in office by policyholder.
Class 60	Dental Anesthesiologist who does not perform dental procedures.

TERRITORIAL GUIDELINES

Every dentist is assigned to a component dental society based on the address of the primary practice. The components are then assigned to a territory. The number of territories varies by state. See state specific pages.

LIMITS OF LIABILITY

Policy limits are based on a per claim/aggregate basis.

Limits available are:

\$500,000 per claim/\$1,500,000 aggregate
\$1,000,000 per claim/\$3,000,000 aggregate
\$1,500,000 per claim/\$4,500,000 aggregate
\$3,000,000 per claim/\$3,000,000 aggregate
\$5,000,000 per claim/\$5,000,000 aggregate

Business liability coverage will carry an occurrence limit of liability equal to the per claim professional limit. The aggregate limit applies to both the Professional Liability and Business Liability.

VOLUNTEER DENTIST

A policy will be issued to dentists who volunteer their time but do not receive compensation in excess of actual expenses. TDIC retired policyholders must have an ongoing extended reporting endorsement or be paying their installment premiums. If insured by another carrier a copy of an active extended reporting endorsement is required along with loss information.

A letter from the volunteer program or a copy of an agreement is required detailing the type of services to be provided by the volunteer dentist. A volunteer policy does not affect the insured's ability to be "Locum Tenens" on another policy.

Limits used are \$1,000,000/\$3,000,000.

Volunteer Dentist Premium is calculated at 10% of their Class, subject to a \$100 minimum premium.

The Extended Reporting period Endorsement is included at no charge upon cancellation of the policy.

WAIVER OF PREMIUM

All policy changes that result in additional premium of \$10.00 or less will be waived.

NEW DENTIST PROGRAM

A policy will be issued under the New Dentist Program if she/he has been licensed for the first time within twelve (12) months prior to the inception of the Policy Period, and has never practiced dentistry prior to applying for coverage with any insurer. The policy will be issued using Policy Form TDIC 2200-0108AS based upon the following:

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DISCOUNTS/CREDITS

Recently graduated dentists are eligible for a new dentist discount for the first three years. The discount for the first two policy years is 45% and the third year is 25%. A new dentist discount will not be given in addition to a part-time discount. If an insured is eligible for both the new dentist and part-time discount, the applicant/insured will choose which discount they want applied to their account. Applicants who were previously uninsured are not eligible for this discount.

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Policyholders who practice dentistry on a part-time basis (16 hours a week or less on average) will be given a 50% discount on their premium for the time they are practicing part time. Policyholders that practice 17-20 hours will be given a 40% discount.

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A policyholder may have their coverage suspended for up to 24 months for such things as long-term disability, natural disasters, military service, postgraduate education, sabbatical or care of newborn or family members. The suspension of coverage applies only to the active policy period.

A package discount is given to policyholders that purchase building or business personal property insurance in addition to their professional liability. See state specific rules.

OPTIONAL COVERAGES

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This endorsement is used for insureds who must leave their practice for an extended period of time and must have another dentist practice in their place. This endorsement provides coverage for the temporary replacement dentist. The replacement dentist is added as an additional insured, but solely with respect to duties performed on behalf of the insured while serving temporarily in the insured's place. The insured is restricted to two (2) endorsements per policy year, subject to a two week minimum and a 90 day policy year maximum. The replacement dentist must complete an application and be approved by underwriting. There is no premium charge for this endorsement.

EMPLOYMENT PRACTICES LIABILITY COVERAGE

Optional coverage. Limits offered:

\$50,000
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With a 20% co-payment clause if the policyholder uses their own attorney. The premium charge is based on number of employees, previous claims activity and whether certain risk management criteria are being met.

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IDENTITY THEFT RECOVERY COVERAGE

Identity Theft Recovery (IDR) coverage is added at inception. This coverage has an Expense Limit provided of \$15,000 and \$0 Deductible. IDR coverage also includes the service of a Case Manager in the event that an identity theft incident occurs. This service does not reduce the expense limit of \$15,000, but will on the

behalf of the policyholder work with the credit bureaus and credit card companies to reestablish your credit status.

IDR coverage is afforded for an individual at the cost of \$14 annually or \$28 for family living under the same roof. Expense limits are the same for both coverages. A policyholder may opt out of IDR coverage if desired.

DENTAL PRACTICE ENTITY ENDORSEMENT

If Question #21 is answered “Yes” form# TDIC2026-0108AS will be attached with no additional premium. This endorsement can be attached at inception or as an endorsement when requested by the policyholder.

PROFESSIONAL LIABILITY ADDITIONAL INSURED ENDORSEMENT

This endorsement will be added at the insured’s request, at a premium charge of 10% of the professional liability premium.

BUSINESS LIABILITY COVERAGE ENDORSEMENT FOR PREMISES OWNED BY INDIVIDUALS NOT THE NAMED INSURED

TDIC2019-0110AS will be attached with no additional premium to expand the definition of “who is insured” for non-dental entities. Due to the increased incidence of non-dental spouses and heightened awareness of the need to be named for the incidental exposures, the endorsement is added for those eligible accounts.

SPECIAL EVENT ENDORSEMENT

Special Event Endorsement: The insured may apply for coverage for certain special events related to the dental practice. There is no charge for the endorsement for an event held at the dental practice premises. The charge for an event held off the dental practice premises is \$100 per event. An additional insured may be added to the endorsement, for the event, at no additional premium.

CANCELLATION/NON-RENEWAL

See state specific pages for cancellation guidelines.

DECLINATION

An applicant to TDIC may be declined if while a licensed dentist:

1. There have been two claims, suit or non-suit, open or closed;
2. There has been one claim closed with an indemnity payment of \$12,000 or more;
3. The applicant is uninsured and has a claim of any kind;
4. There has been a state board action;
5. Applicant has previously been approved as an uninsured dentist and is once again applying as an uninsured dentist;
6. Applicant is working with an uninsured dentist;
7. Applicant has had any felony convictions, misdemeanor convictions, falsification of the insurance application or health problems including alcoholism, drug addiction or mental illness;
8. Any applicant who previously has been non-renewed by TDIC for claims frequency or severity, or state board actions;
9. Pattern of practice that does not meet underwriting standards;
10. There are any open claims.

TDIC Rules, Rates and Forms Manual for Illinois

Prior acts coverage is not available to applicants who are applying uninsured. Applicants who insist they will not buy a tail policy from their previous company and refuse to buy prior acts from TDIC will be denied insurance.

NON-RENEWAL

Policies may be non-renewed for the following reasons:

1. Claims activity which can include frequency and/or severity;
2. State board actions;
3. Deterioration of the pattern of practice;
4. Felony or misdemeanor conviction (if in connection with a dental practice);
5. Falsification of the insurance application;
6. Alteration of patients' records;
7. Unsatisfactory audits;
8. Health problems such as alcoholism, drug addiction or mental illness;
9. Not reporting a claim or potential claim in a timely manner (if the claims department determines this delay affected the handling of the claim);
10. State dental association non-membership;
11. Practicing with an uninsured dentist;
12. Unlicensed dentist;
13. Failure to have proper permit for the administration of anesthesia.

See state specific non-renewal guidelines.

EXTENDED REPORTING PERIOD ENDORSEMENT

All policies canceled or non-renewed will be sent a certified letter offering an extended reporting period endorsement, and including the cost. The premium used for this endorsement are based on rates and rules in effect at the time the extended reporting endorsement is issued.

The entire extended reporting period endorsement premium may be waived for insureds upon retirement if they have been insured by TDIC for three consecutive years. Premium is also waived for death and for total permanent disability.

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UNDERWRITING COMMITTEE

The TDIC Underwriting Committee is composed of dentists who are active members of the individual State Dental Association/Society. An equitable form of insuring dentists for future years has been established by the underwriting committee of TDIC. Input from the individual states= insurance committees is always welcome. The primary responsibility of the underwriting committee is to review dentists who do not meet the criteria for acceptance by the underwriting department because of their practice characteristics and/or previous claims activity. Only those dentists who appeal the underwriting department's decision will be reviewed by the underwriting committee. Once identified, the underwriting committee will determine the appropriate action to be taken (i.e., acceptance, request for more information, declination).

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ILLINOIS

ELIGIBILITY

Membership is a requirement of the Illinois Dental Association.

TERRITORIAL DEFINITIONS

Territory A – Cook County

Territory B – All counties except Cook County

DISCOUNTS

Package policy discount of 12%.

STATE BOARD OF DENTAL EXAMINERS COVERAGE

TDIC issues to the Illinois State Dental Society a policy for students taking the state board exams. The cost is \$100 a year. Certificates of Insurance are given to those student members sitting for a particular exam. A fully paid extended reporting period endorsement is also issued with the policy.

CANCELLATION

Notice of Cancellation:

Ten (10) days notice of cancellation for non-payment of premium must be mailed at least ten (10) days before the effective date of the cancellation.

Thirty (30) days notice of cancellation shall apply for any other reason provided that the policy has been in effect for sixty (60) days or less; or

Sixty (60) days notice of cancellation shall apply if the policy has been in effect for more than sixty (60) days and the cancellation is for one of the following reasons:

1. Non-payment of premium;
2. The policy was obtained through a material misrepresentation;
3. Any insured has submitted a fraudulent claim;
4. Any insured has violated any of the terms and conditions of the policy;
5. The risk originally accepted has measurably increased;
6. Certification to the Director of Insurance of the loss of reinsurance by the insurer which provided coverage to the insurer for all or a substantial part of the underlying risk insured; or
7. The determination by the director that the continuation of the policy could place the insurer in violation of the insurance laws of this state.

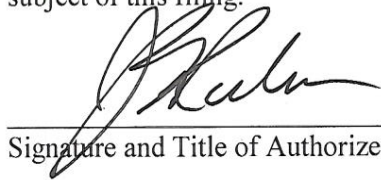
NON-RENEWAL

A notice of non-renewal will be sent at least sixty (60) days prior to the expiration of the policy.

ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, James Richardson, a duly authorized officer of The Dentists Insurance Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.



Signature and Title of Authorized Insurance Company Officer

9/24/12
Date

Insurance Company FEIN 94 - 2698799 Filing Number DENT-128679211

Insurer's Address 1201 K Street, 17th Floor

City Sacramento State CA Zip Code 95814

Contact Person's: Dora Earls

-Name and E-mail dora.earls@cda.org

-Direct Telephone and Fax Number ph (916) 554-5375 fax (916) 554-5957